

Department of Employee Insurance

KEHP 2021 OPEN ENROLLMENT

IC/HRG presentation

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Benefits Consultant/Training
Coordinator



Agenda

- ✓ CONTACT INFORMATION
- ✓ VENDOR INFORMATION
- ✓ BENEFITS HIGHLIGHTS
- ✓ PLAN CHOICES
- ✓ ENROLLMENT GUIDELINES
- ✓ ADDITIONAL BENEFITS
- ✓ CLOSING



E= engage
Get engaged.

Learn how to stay healthy and lower your costs.

Hotline Information

Open Enrollment Hotline is available Oct. 12-28
888-581-8834 or 502-564-6534

You can choose from one of these five options:

Option 1: Kentucky Retirement System (KRS)

Option 2: KHRIS User ID and password reset

Option 3: Benefit questions for Anthem (medical, dental, and vision), HealthEquity/WageWorks or CVS/Caremark

Option 4: Technical assistance such as browser or compatibility errors

Option 5: Department of Employee Insurance (DEI) for all other inquiries

Customer Service Hours

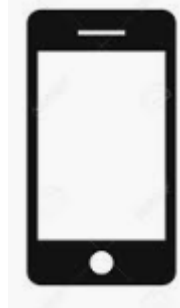
Hours for Assistance (Eastern Time)

Mon, Oct. 12 - Fri, Oct. 16: 7:30 a.m. to 4:30 p.m.

Mon, Oct. 19 - Fri, Oct. 23: 8:00 a.m. to 6:30 p.m.

Sat, Oct. 24: 8:00 a.m. to 1:00 p.m.

Mon, Oct. 26 - Wed, Oct 28: 8:00 a.m. to 8:00 p.m.



Vendors Information

- ▶ Anthem —health insurance 844-402-5347 or anthem.com/kehpn
- ▶ Anthem —dental and vision insurance 844-402-5347 or anthem.com
- ▶ CVS/Caremark —prescriptions 866-601-6934 or caremark.com
- ▶ StayWell/WebMD —well-being 866-746-1316 or KEHPLivingwell.com
- ▶ SmartShopper —transparency 855-869-2133 or smartshopper.com
- ▶ HealthEquity/WageWorks —FSA/HRA 877-430-5519 or wageworks.com/kehpn
- ▶ HealthEquity/WageWorks —COBRA 877-502-6272 or wageworks.com/kehpn

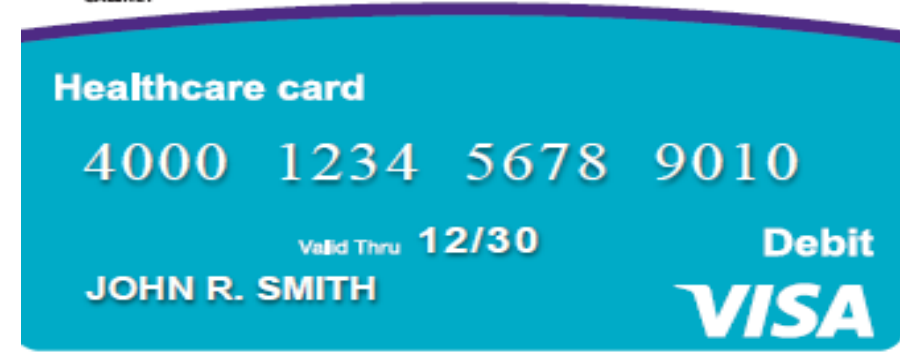
Benefits Highlights

- ❑ Open Enrollment period is **Oct. 12-28**
- ❑ Everyone is encouraged to enroll in health, dental, vision, FSA and HRA benefits for 2021. If your member does not enroll, they will continue with the same health, dental, and vision benefits for 2021
- ❑ MANDATORY enrollment for members enrolling in FSAs and Waivers
 - ❑ They must enroll in a Waiver
 - ❑ If the member wishes to have one of the FSAs for 2021, they must enroll
- ❑ VOLUNTARY enrollment for Anthem Dental & Vision Insurance
 - ❑ Keep the current coverage, no action is required
 - ❑ Elect a new coverage plan from one of the (3) plan options
 - ❑ Terminate the current coverage
- ❑ Premiums increase
 - ❑ Employer premium contributions increase by 3%; employers continue to pay an average of 85% of total premium
 - ❑ Employee premium contributions increase an average of \$6.02, with highest increase at \$20.46
- ❑ New two-tier prescription Value Formulary for all plans



HealthEquity

Benefit Highlights



- ❑ LivingWell PPO two changes — the first since 2014
 - Prescription co-pay increased by \$5
 - Specialist office visit co-pay increased by \$5
- ❑ Renaming Waiver Dental/Vision ONLY HRA to **Waiver Limited Purpose HRA** to lessen confusion
- ❑ Rollover caps
 - From 2020 to 2021- the Waiver HRAs carryover balance is capped at \$5,000
 - From 2021 to 2022- the Waiver HRAs carryover balance is capped at \$2,100

The above picture is the new HRA and FSA card. Those that still have the orange card will continue to use it until it expires. Once the card expires HealthEquity/Wageworks will issue the new card. Anyone new to enrolling in an HRA or Healthcare FSA will receive the new card.

Benefit Highlights

- ❑ No changes in deductibles and out-of-pockets
- ❑ No changes in co-insurances
- ❑ The same four health plans will be offered: LivingWell CDHP, LivingWell Basic CDHP, LivingWell PPO, and LivingWell Limited High Deductible
- ❑ The LivingWell promise is required for 2021. The promise must be completed between January 1st, 2021-July 1st 2021 by completing the health assessment or biometric screening before the deadline. Any questions regarding the LW promise can be answered at the StayWell/WebMD customer service helpline at 866-746-1316.

Benefit Highlights

Healthcare FSAs

- ❑ Contribute up to a maximum of \$2,750 per year before taxes
- ❑ Carry over a minimum of \$50 and a maximum of \$550 from one calendar year to the next — there's low risk in losing hard-earned money; carryover funds do not count toward the annual maximum of \$2,750
- ❑ You have a 90-day run-out period until March 31, 2022 for reimbursement of eligible FSA expenses. Any of your funds that are in excess of \$550 that are not used before the run-out period will be forfeited
- ❑ Use your FSA to pay for eligible medical expenses for family members who are considered a tax dependent

BENEFIT HIGHLIGHTS

Healthcare FSA

- ❑ If a member currently has a Healthcare FSA, and wants it again for 2021, they must enroll again.
- ❑ Funds from a Healthcare FSA will be used before funds from an HRA.
- ❑ Do not use the VISA debit card in 2021 to pay for 2020 expenses



BENEFIT HIGHLIGHTS

ID cards

- ❑ If a different plan is elected for 2021 from the 2020 plan, Anthem will issue a new card. If the same plan is kept, the current card will be used.
- ❑ If a member enrolls in one of the dental or vision plans for the first time, they will receive a new ID card.

Anthem BlueCross BlueShield ID card for a PPO plan. The card features the Anthem logo, BlueCross BlueShield logo, and the Kentucky Personnel Cabinet logo. The member's name is redacted. The Member ID is KYHAN followed by a redacted number. The Group number is 004000115. The RxBIN is 834/332, RxPCN is 004336, and RxGRP is ADV. The plan type is PPO.

Member ID:	KYHAN	
Group:	004000115	
RxBIN:	834/332	
RxPCN:	004336	
RxGRP:	ADV	
	RX1054	

PPO

Anthem BlueCross BlueShield ID card for a Blue View Vision plan. The card features the Anthem logo, BlueCross BlueShield logo, and the Kentucky Personnel Cabinet logo. The member's name is redacted. The Member ID is AN followed by a redacted number. The Group number is 004000115. The plan type is Gold Plan. The plan codes are redacted. The card is labeled VISION BENEFITS ONLY.

Member ID:	AN	
Group:	004000115	
Gold Plan		
Plan Codes:		

VISION BENEFITS ONLY

Benefit Highlights

Child & Adult Daycare

- ❑ With a Child and Adult Daycare FSA, a member can elect an amount to be deducted pre-tax from their paycheck to use to pay eligible expenses below:
 - Child or adult care (during work hours only);
 - Preschool;
 - Summer day camp;
 - Before and after-school care; and
 - Elder daycare expenses for dependent adults
- ❑ Just elect to enroll, then choose the amount they wish to contribute to this account. The minimum amount the member can contribute is \$120 per year, up to the maximum amount per year, per federal law that is based on your tax-filing status:
 - Married, filing a joint return \$5,000;
 - Head-of-household \$5,000; and
 - Married, filing separate returns \$2,500.
- ❑ The member can arrange for convenient direct payments to their provider using the Pay-My-Provider option on the EZ Receipts app, or they can pay child and adult daycare expenses themselves and request reimbursement.

LIVINGWELL CDHP

2021

Premium	Co-insurance 85/15
Single-\$52.42	
Parent plus- \$134.38	
Couple- \$323.18	
Family- \$379.92	
Cross reference- \$85.20	
HRA	
Single- \$500	
Family- \$1,000	
Annual Deductible- Single \$1,500	
	Family \$2,750
MOOP-	Single \$3,000
	Family \$5,750

2020

Premium	Co-insurance 85/15
Single-\$50.90	
Parent Plus-\$130.46	
Couple- \$313.76	
Family- \$368.86	
Cross reference- \$82.72	
HRA	
Single-\$500	
Family-\$1,000	
Annual Deductible-Single \$1,500	
	Family \$2,750
MOOP-	Single \$3,000
	Family \$5,750

LIVINGWELL PPO

2021

Premium	Co-insurance 80/20
Single-\$87.40	
Parent Plus-\$249.12	
Couple-\$560.54	
Family-\$702.58	
Cross reference-\$167.14	
Co-pays PCP-\$25	
Specialist- \$50	
Annual Deductible- Single \$1,000	
	Family \$1,750
MOOP-	Single \$3,000
	Family \$5,750

2020

Premium	Co-insurance 80/20
Single- \$84.86	
Parent Plus- \$241.86	
Couple-\$ 544.22	
Family-\$ 682.12	
Cross reference- \$162.28 \$	
Co-pays PCP-\$25	
Specialist -\$45	
Annual Deductible- Single \$1,000	
	Family \$1,750
MOOP-	Single \$3,000
	Family \$ 5,750

LIVINGWELL BASIC CDHP

2021

2020

Premium Co-insurance 70/30

Single-\$27.78

Parent Plus- \$66.20

Couple- \$275.90

Family- \$331.06

Cross reference- \$30.88

HRA -Single \$250

Family\$500

Annual Deductible- Single \$2,000

Family \$3,750

MOOP-

Single \$4,000

Family \$7,750

Premium

Co-insurance 70/30

Single- \$26.98

Parent Plus- \$64.28

Couple- \$267.86

Family- \$321.42

Cross reference- \$29.98

HRA- Single \$250

Family \$500

Annual Deductible- Single \$2,000

Family \$3,750

MOOP-

Single \$4,000

Family \$7,750

LIVINGWELL LIMITED HIGH DEDUCTIBLE

2021

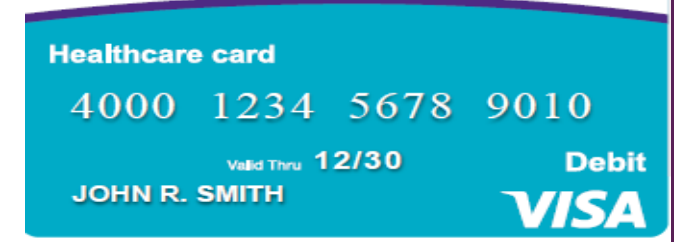
Premium	Co-insurance 50/50
Single-\$25.00	
Parent Plus-\$59.58	
Couple- \$248.32	
Family- \$297.96	
Cross reference- \$27.78	
No HRA or Co-pays	
Annual Deductible- Single \$4,250	
	Family \$8,250
MOOP-	Single \$5,250
	Family \$10,250

2020

Premium	Co-insurance 50/50
Single-\$24.28	
Parent Plus- \$57.84	
Couple- \$241.08	
Family- \$ 289.28	
Cross Reference- \$26.98	
No HRA or Co-pays	
Annual Deductible- Single \$4,250	
	Family \$8,250
MOOP-	Single \$5,250
	Family \$10,250



PLAN CHOICES FOR 2021



WAIVERS

HRA balance will carry over to the next year if elect the same type of HRA
CDHP HRA → CDHP HRA

Waiver General Purpose HRA → Waiver General Purpose HRA

Waiver Limited Purpose HRA → Waiver Limited Purpose HRA

~From 2020 to 2021 - the Waiver HRA carryover balance is capped at \$5,000

~From 2021 to 2022 - the Waiver HRA carryover balance is capped at \$2,100

Your employer will contribute \$175 per month, up to \$2,100 per year, to the member's HealthEquity/WageWorks debit VISA Healthcare Card. It will be funded in two equal installments: \$1,050 on January 1 and \$1,050 on July 1.

PRE-TAX FOR
2021

PLAN CHOICES FOR 2021

ANTHEM OPTIONAL DENTAL

KEEP CURRENT COVERAGE

- NO ACTION REQUIRED

ELECT NEW COVERAGE

- ENROLL ONLINE AND ELECT NEW COVERAGE

TERMINATE CURRENT COVERAGE

- ENROLL ONLINE AND REMOVE CURRENT COVERAGE EFFECTIVE 1/1/21

REFER TO THE
BENEFITS
SELECTION
GUIDE FOR
SPECIFIC
INFORMATION

PLAN CHOICES FOR 2021

	Bronze	Silver	Gold
Your dental plan at a glance	In/Out-of-Network*	In/Out-of-Network*	In/Out-of-Network*
Annual Benefit Maximum	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia	Not covered	Not covered	\$1,500
Diagnostic and Preventive Service	100%/100% of allowable amount*	100%/100% of allowable amount*	100%/100% of allowable amount*
Basic Services	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Oral Surgery (Simple)	50%/50% of allowable amount*	80%/80% of allowable amount*	80%/80% of allowable amount*
Major Services (including Complex Oral Surgery and Implants)****	Not covered	50%/50% of allowable amount*	50%/50% of allowable amount*
Annual Max Carryover	Not covered	Not covered	Covered
No waiting periods for basic or major services. Up to 24-month waiting period missing tooth clause.***			

* Difference in charged amount and OON allowable amount can result in balance billing.

** American Heart Association, *Middle-aged Tooth Loss Linked to Increased Coronary Heart Disease Risk* (March 21, 2018): [newsroom.heart.org](https://www.heart.org/newsroom.heart.org)

*** For replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

**** Benefit for crowns is limited to allowance for prefabricated stainless steel. If a prefabricated resin crown is performed, the patient must pay the difference in cost between the allowance for the covered service and optional treatment, plus any deductible and/or co-insurance for the covered service.

Monthly dental rates have increased for 2021!

Monthly rates	Bronze	Silver	Gold
Employee only	\$13.28	\$20.18	\$26.78
Employee + spouse	\$24.22	\$38.32	\$51.78
Employee + child(ren)	\$31.50	\$43.32	\$66.04
Family	\$46.48	\$64.40	\$96.32

This summary of benefits is meant only as a brief description of some of the benefits. Please refer to your certificate of coverage for more complete benefit details, limitations, and exclusions.

ALL INFORMATION AT [KEHP.KY.GOV](https://www.kehp.ky.gov)

PRE-TAX FOR
2021

PLAN CHOICES FOR 2021

ANTHEM OPTIONAL VISION

KEEP CURRENT COVERAGE

- NO ACTION REQUIRED

ELECT NEW COVERAGE

- ENROLL ONLINE AND ELECT NEW COVERAGE

TERMINATE CURRENT COVERAGE

- ENROLL ONLINE AND REMOVE CURRENT COVERAGE EFFECTIVE 1/1/21

REFER TO THE
BENEFITS SELECTION
GUIDE FOR SPECIFIC
INFORMATION

PLAN CHOICES FOR 2021

	Bronze	Silver	Gold
Exam with dilation as necessary	\$10 co-pay	\$10 co-pay	\$10 co-pay
Frames	\$125 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance	\$150 allowance and 20% off any remaining balance
Eyeglass lenses: single vision, bifocal, trifocal, lenticular	\$25 co-pay	\$10 co-pay	\$10 co-pay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$20 co-pay
Contact lenses			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medically necessary	Covered in full	Covered in full	Covered in full
Frequency			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every calendar year
Monthly rates			
Employee only	\$5.52	\$6.46	\$13.12
Employee + spouse	\$10.94	\$12.80	\$26.14
Employee + child(ren)	\$11.22	\$13.12	\$26.80
Family	\$16.64	\$19.48	\$39.82

1 American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed August 2018): aoa.org

2 Internal data, 2018

ALL INFORMATION AT KEHP.KY.GOV

VIRTUAL BENEFITS FAIRS

The benefits fairs webinar schedule will be posted on our website, the information will be included in the KHRIS User ID OE Letter, and an email will go to all members.

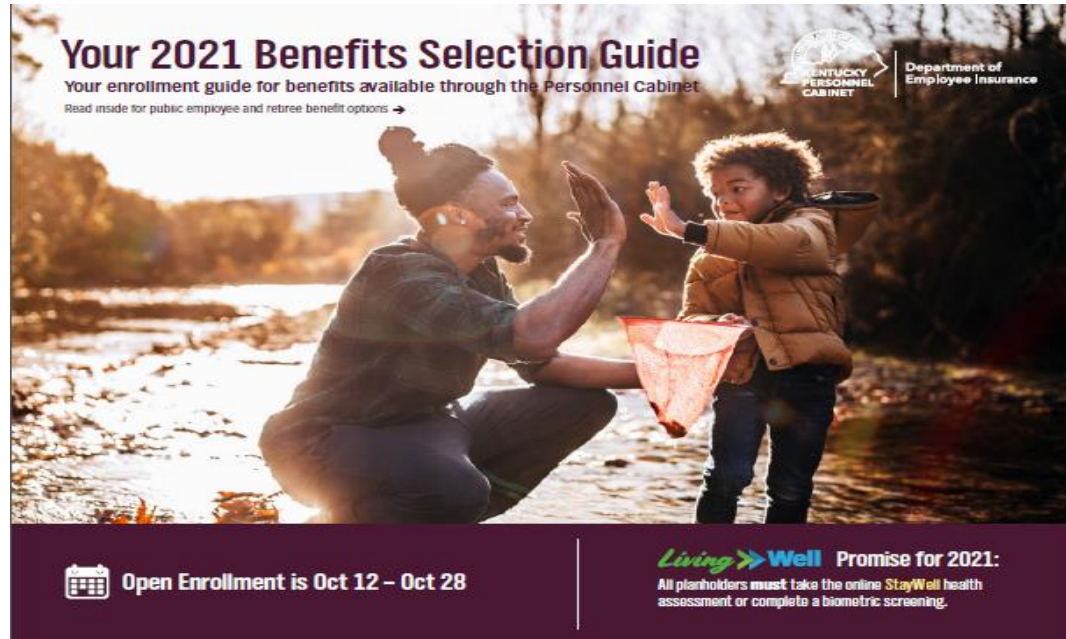
It's easy for members to join, just pick a day and time, visit KEHP.ky.gov and click on the link to join to Zoom.

ALL OPEN ENROLLMENT INFORMATION AT
KEHP.KY.GOV

BENEFITS SELECTION GUIDES

The mini Benefits Selection Guides started shipping on 9/21, be on the lookout and distribute to your eligible members.

The large Benefits Selection Guide is now available online. To assist your new hires please direct your members to the website and encourage them to review and print the Benefits Selection Guide when making important enrollment decisions.



ALL INFORMATION AT [KEHP.KY.GOV](https://kehp.ky.gov)

ENROLLMENT GUIDELINES

- ❑ Most members can use the KHRIS ESS system to enroll online including those that are participating in a cross reference payment option.
- ❑ Members that have a disabled dependent(s) will still need to complete the pre-populated paper application that will be mailed to their home and mail in to **DEI at 501 High Street, 2nd floor, Frankfort, KY 40601.**
- ❑ **New Hires** from 9/1 to 11/1, 2020 should enroll in KHRIS ESS first then wait 24 hours and go back into KHRIS ESS using their KHRIS ID number and password to enroll their 2021 election.
- ❑ **Qualifying Events** after Open Enrollment must have the member submit a 2020 Enrollment/Change application and the 2021 Enrollment/Change application.

ENROLLMENT GUIDELINES

- ❑ KRS retirees should enroll through the KRS online enrollment portal but may complete a paper application if needed.
- ❑ Must attest that all persons covered under the Waiver General Purpose HRA have other group **employer-sponsored** insurance coverage.
- ❑ Members must list all dependents during enrollment who will use the HRA funds
- ❑ Open Enrollment exceptions **MUST** be signed and received in our office by **December 31, 2020** to be considered. Once the plan year starts, we will not accept or review any exception request for an Open Enrollment election; this includes exceptions for people who fail to enroll.
- ❑ If a member enrolls in the wrong plan or makes an error, please assist them with completing the exception form and a paper application for 2021. The exception form and application must be submitted together. The documents may be faxed to 502-564-5278.

ENROLLMENT GUIDELINES

- ❑ If a member submits an Open Enrollment paper application to the agency, it must be entered in KHRIS portal by the IC/HRG no later than **November 16, 2020**.
- ❑ Make sure you use current updated forms. You can go online to pull all 2021 forms at KEHP.KY.GOV.

<https://personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx>

ALTERNATIVE REPORTING

ZBNQ0018

SAP GUI for HTML

Smoker Status & LW Non-Fulfilled Prev Yr Changes

Menu | Save as Variant... | Back | Exit | Cancel | System | Execute | Get Variant... | Selection Fields | Dynamic Selections | OrgStructure | Search Help

Period

Reporting Period: Today

Selection Criteria

Personnel Number				
Employment Status				
Personnel area				
Personnel subarea				
Employee group				
Employee subgroup				

Program selections

Benefit plan		to		
Changed On		to		
Changed By		to		
Benefit smoker indicator		to	X	

SAP

- ☐ Click Get Variant
- ☐ Choose the 2021 Tob stat
- ☐ Click green check mark
- ☐ Enter your Organizational Unit #
- ☐ Click Execute

ADDITIONAL BENEFITS

- ❑ LiveHealth Online Medical
- ❑ LiveHealth Online Behavioral Health
- ❑ Rethink
- ❑ DPP- Diabetes Prevention Program
- ❑ MyStrength
- ❑ StayWell/WebMD
- ❑ SmartShopper
- ❑ Kentucky Deferred Comp

CLOSING

- ❑ The deadline for Open Enrollment 2021 is October 28th, 2020.
- ❑ All who want to enroll should via KHRIS ESS
- ❑ Make use of the Benefits Selection Guides online to help your member make informed decisions.
- ❑ As the IC/HRG can ask questions at EIB@KY.GOV. Do not give this email to members. You can also call 888-581-8834.
- ❑ Members can send their inquiries at KEHP@KY.GOV. They can also call 888-581-8834.
- ❑ For inquiries on Dental, Vision, & Life can be sent to personnel.grouplifeinsurance@ky.gov or call (502) 564-4774
- ❑ Anthem is available for inquiries at 844-402-KEHP(5347).

YOUR OPINION
MATTERS

WE WANT TO
HEAR FROM
YOU

TAKE OUR
SURVEY
PLEASE

THANK
YOU

<https://www.surveymonkey.com/r/ZR2TCHQ>